

## 10/520639



Application or Docket Number

| Effective December 8, 2004   |   |   |                               |  |              |                                       |       |                     | Z4MS+8.002AR           |    |                     |  |
|--|---|---|-------------------------------|--|--------------|---------------------------------------|-------|---------------------|------------------------|----|---------------------|--|
|  |   | CLAIMS  | (Column 1)                    |  | (Column 2)   |                                       |       | SMALL EN            | TITY                   | OR | OTHER<br>SMALL      |  |
| U.S. NATIONAL STAGE FEES   |   |   | (00.0.1                       | (33.3,   |              | (Coldinii 2)                          | 7     | RATE                | FEE                    | 7  | RATE                | FEE  |
| BASIC FEE  |   |   | SMALL ENT. = \$ 150           |  | LAR          | GE ENT. = \$ 300                      | 1     | BASIC FEE           | KU                     | OR | <u> </u>            | <del>                                     </del> |
| EXAMINATION FEE  |   |   |                               | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |              | other situations =<br>\$ 100 / \$ 200 |       | EXAM. FEE           | 100                    |    | EXAM. FEE           |  |
| SEARCH FEE   |   |   | U.S. is ISA =<br>ALL other co | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |              | other situations =<br>\$ 250 / \$ 500 |       | SEARCH FEE          | 200                    |    | SEARCH FEE          | <b> </b>   |
| FEE FOR EXTRA SPEC. PGS.   |   |   | / / minus 100 =               |  |              | / 50 =                                | 1     | X \$ 125 =          |                        |    | X \$ 250 =          | <del>                                     </del> |
| TOTAL CHARGEABLE CLAIMS  |   |   | 9 minus 20 = .                |  | *            |                                       |       | X \$ 25 =           |                        | OR | X \$ 50 =           |  |
| INDEPENDENT CLAIMS   |   |   | /\ minus 3 = .                |  | *            |                                       |       | X \$ 100 =          |                        | OR | X \$ 200 =          |  |
| MU   | LTIPLE DEPEN  | IDENT CLAIM PR  | RESENT                        |  | -            |                                       | 1     | + \$ 180 =          | -                      | OR | + \$ 360 =          |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                               |  |              |                                       |       | TOTAL               | 450                    | OR | TOTAL               |  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |                               |  |              |                                       |       | SMALL E             | NTITY                  | OR | OTHER<br>SMALL E    |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                             |                               | HIGHI<br>NUME<br>PREVIO<br>PAID I                                    | BER<br>OUSLY | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|  | Total   | *   | Minus                         | **   |              | =                                     |       | X \$ 25 =           |                        | OR | X \$ 50 =           |  |
|  | Independent   | •   | Minus                         | ***  |              | =                                     |       | X \$ 100 =          |                        | OR | X \$ 200 =          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                               |  |              |                                       |       | + \$ 180 =          |                        | OR | + \$ 360 =          |  |
|  |   |   |                               |  |              | -                                     | _     | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |  |
|  |   | (Column 1)  |                               | (Colum   | nn 2)        | (Column 3)                            |       |                     |                        |    |                     |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                             |                               | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                   | ER<br>USLY   | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|  | Total   | *   | Minus                         | **   |              | =                                     |       | X \$ 25 =           |                        | OR | X \$ 50 =           |  |
| AME  | Independent   | *   | Minus                         | ***  |              | = .                                   |       | X \$ 100 =          |                        | OR | X \$ 200 =          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL                   |   |                               |  | LAIM         |                                       |       | + \$ 180 =          |                        | OR | + \$ 360 =          | **   |
|  |   |   |                               |  |              |                                       | •     | TOTAL ADDIT.<br>FEE |                        | or | TOTAL ADDIT.<br>FEE |  |
|  | f the "Highest Nu   | mn 1 is less than the<br>mber Previousty Paic<br>mber Previousty Paic | For IN THIS SP.               | ACE is less  | than '20     | f enter "20"                          |       |                     | ·                      |    | -                   |  |
| •  | The "Highest Num  | ber Previously Paid   | For (Total or Inde            | ependent) is   | the high     | est number found in                   | n the | appropriate box     | in column 1.           |    |                     |  |